



OHIO FUNERAL DIRECTORS ASSOCIATION

FUNERAL HOME MEMBERSHIP APPLICATION

The funeral home(s) listed on the attached application is applying for membership in the Ohio Funeral Directors Association (“OFDA”).


1. **Eligibility** A funeral home that is duly licensed under the laws of the state of Ohio may apply for membership in OFDA as a firm member. An applicant must receive an affirmative vote from the OFDA Executive Director and Secretary/Treasurer in order to be admitted into membership.

2. **Application** Please complete the attached application in its entirety. If the firm member applicant also has one or more branch funeral homes under common ownership, the application should list each of the branch member applicants. If more space is needed for branch listings, please make copies of the application. An application will only be considered if it is filled out completely and lists the names of two Ohio funeral directors willing to provide a recommendation for the funeral home applicant. Following OFDA staff processing, the application will be reviewed by the OFDA Executive Director and Secretary/Treasurer. Dues for balance of calendar year must accompany this application. Please call OFDA (614-486-5339) for pro-rated amount.

3. **Signature** As a licensed Ohio funeral director representing the funeral home(s) applying for membership within the OFDA, the applicant agrees as a condition of membership that the applicant will abide by the OFDA Bylaws that have or may be adopted by OFDA. Our firm understands that providing our mailing address, e-mail address, telephone and fax numbers, we consent to receive communications sent by or on behalf of OFDA.

Signature _____ Date _____

Contact OFDA for total dues investment amount at (614) 486-5339.

PAYMENT INFORMATION				
Cardholder's name		Please submit completed application, along with payment to: OFDA ATTN: Membership 2501 North Star Rd. Columbus, OH 43221 Laura@ofdaonline.org Fax: (614) 486 5358		
Billing address				
				
Card number	Security Code			Expiration date
Signature				Date
Amt. Due		FOR OFFICE USE ONLY		
Check Number#		Date Received: _____		
		OFDA Staff: _____		

MAIN FIRM SECTION

Primary Contact	FD/EMB#
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Primary Contact E-mail	FH Website
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Firm Name	FH License #
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Address, City, State, Zip	County
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Phone	Fax
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Funeral Home Facility is: established business new business

Total number of death certificates filed for location(s) annually (include all branches)	
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List two Ohio funeral directors, excluding coworkers and family members, willing to recommend you for membership:

Name	Phone
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Name	Phone
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All employees enjoy member benefits, such as discounts on seminars and access to online communications. Please provide their information:

Main firm employee name(s)	FD/EMB#	Individual Email address	Is FD 40 or younger?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



BRANCH FIRM

Primary Contact			FD/EMB#
Primary Contact E-mail		FH Website	
Firm Name			FH License #
Address, City, State, Zip			County
Phone		Fax	
Branch firm employee name(s)	FD/EMB#	<i>Individual</i> Email address	Is FD 40 or younger?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

(make copies if more than two branch locations)

BRANCH FIRM

Primary Contact			FD/EMB#
Primary Contact E-mail		FH Website	
Firm Name			FH License #
Address, City, State, Zip			County
Phone		Fax	
Branch firm employee name(s)	FD/EMB#	<i>Individual</i> Email address	Is FD 40 or younger?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

(make copies if more than two branch locations)